

P U R C H A S E O R D E R

Send invoices to:

Delphi Connection Systems
Accts Payable 949-660-5780
17150 Von Karman Ave.
Irvine, CA 92614-0901
Supplier: 50001140

Order Number: P71296 Revision: 0
Order Date: 08/11/05 Page: 3
Print Date: 08/11/05

Ship To: MEX

Optical Cable Corp.
P.O. Box 11967
5290 Concourse Drive
Roanoke, VA 24022-1967
United States

Delphi Connection Systems
c/o Baja Freight Forwarders
Attn: Receiving Department
8662 Siempre Viva Road
San Diego, CA 92154
United States

ATTENTION: Mike Hoffbaure

Confirming: yes
Buyer: Oscar Perez
Credit Terms: N30
NET 30 DAYS

Supplier Telephone: 800-622-7711
Supplier Fax: 540-265-0724
Contact: Mike Hofbauer
Ship Via: YELLOW FREIGHT
FOB: seller's facility

Remarks: Yellow freight collect

* DELIVERY NOTIFICATION: You are requested to immediately notify the Buyer *
* if any product procured herein will be shipped Prior To or Later Than *
* the schedule contained in this Purchase Order. Please remember that any *
* delivery of product, Late or Early, will have an adverse affect your *
* unique Supplier rating and could result in your loss of future awards. *

Ln	Item Number	T Due Date	Qty Open UM	Unit Cost	Extended Cost
1	1020075 Revision: - Site: MEX Supplier Item: RK981105 CBL,12 CH,MM/SM,HYBRID (Ref. Dwg for Source)	N 09/13/05	2010.0 FT	2.80	5,628.00
2	TEST	09/13/05	1.00 EA	50.0	50.00

OCC ship date is 9/9/05 4 weeks lead time

Non-Taxable: 5,678.00 Currency: USD Line Total: 5,678.00
Taxable: 0.00 Total Tax: 0.00
Tax Date: 09/13/05 Total: 5,678.00

By: Carlos Oscar Perez Acknowledged By: _____
Authorized Signature Suppliers Signature

Peer By: [Signature] Date 8/11/05

Optical Cable Corporation
PO Box 11967
Roanoke VA 24022-1967

DATE 4/25/05
INVOICE NO. 93429
PAGE 1
All amounts are in US dollars.

I N V O I C E

BILL TO: Delphi Connection Systems
17150 Von Karmen Avenue
Accounts Payable
Irvine CA 92614

SHIP TO: Delphi Connection Systems
C/O Baja Freight Forwarders Inc
8662 Siempre Viva Road
Attn: Receiving Department
San Diego CA 92154

ORDER	ORDERED	TO SHIP	CUST.#	PURCHASE ORDER	SLS SHIP VIA	PAYMENT TERMS	FRT TERM
103897	4/25/05	4/25/05	550	P68344	MFH UPS Ground	Net 30	COLLECT

LN#	QUANTITY	U/M	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
1	1.00-	EA	Credit	<p>***** CREDIT MEMO *****</p> <p>CREDIT MEMO TO OPEN ACCOUNT</p> <p>ORIGINAL INVOICE 91704 DATED</p> <p>3/11/05,RMA#0406051633</p> <p>CABLE CRUSHED BETWEEN REEL</p> <p>DRUM & FLANGE</p> <p>CREDIT 529MT @ 2.02/MT</p> <p>OF D04-055C-SLS-900-MIL</p>	1,068.58	1,068.58-
SUB TOTAL:						1,068.58-
PLEASE PAY THIS AMOUNT						1,068.58-

Optical Cable Corporation
PO Box 11967
Roanoke VA 24022-1967

DATE 2/28/05
INVOICE NO. 91196
PAGE 1
All amounts are in US dollars.

I N V O I C E

BILL TO: Delphi Connection Systems
17150 Von Karmen Avenue
Accounts Payable
Irvine CA 92614

SHIP TO: Delphi Connection Systems
17150 Von Karmen Avenue
Irvine CA 92614

ORDER	ORDERED	TO SHIP	CUST.#	PURCHASE ORDER	SLS	SHIP VIA	PAYMENT TERMS	FRT TERM
101330	2/28/05	2/28/05	550	P17148		MPH FED EX SAVER	Net 30	COLLECT

LN#	QUANTITY	U/M	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
1	1.00-	EA	Credit	<p>***** CREDIT MEMO *****</p> <p>CREDIT MEMO TO OPEN ACCOUNT</p> <p>ORIGINAL INVOICE 21969 DATED</p> <p>5/30/00,RMA#0112051546</p> <p>HIGH ATTENUATION</p>	701.04	701.04-
				CREDIT 381MT @ 1.84/MT OF		
				D04-055C-SYMC/YMD-900-MIL		
				SUB TOTAL:		701.04-
				PLEASE PAY THIS AMOUNT		701.04-

Optical Cable Corporation

PO Box 11967

Roanoke

VA 24022-1967

DATE 9/12/05

INVOICE NO. 99151

PAGE 1

All amounts are in US dollars.

I N V O I C E

BILL TO: Delphi Connection Systems
17150 Von Karmen Avenue
Accounts Payable
Irvine CA 92614

SHIP TO: Delphi Connection Systems
C/O BAJA FREIGHT FORWARDERS
ATTN: RECEIVING DEPARTMENT
8662 SIEMPRE VIVA ROAD
San Diego CA 92154

ORDER	ORDERED	TO SHIP	CUST.#	PURCHASE ORDER	SLS SHIP VIA	PAYMENT TERMS	FRT TERM
110436	9/12/05	9/12/05	550	P71771	MFH UPS GROUND	Net 30	COLLECT

LN#	QUANTITY	U/M	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
---	-----	---	----	-----	-----	-----
				tracking numbers		
				1z2346930340709970		

1	150.00	MT	B04-075C-WEU-900-MIL			
					3.24	486.00
			LOT NUMBER:	AKMWV-1-4	150.00	
			SUB TOTAL:			486.00
			PLEASE PAY THIS AMOUNT			486.00

Optical Cable Corporation
PO Box 11967
Roanoke VA 24022-1967

DATE 9/13/05
INVOICE NO. 99177
PAGE 1

All amounts are in US dollars.

I N V O I C E

BILL TO: Delphi Connection Systems
17150 Von Karmen Avenue
Accounts Payable
Irvine CA 92614

SHIP TO: Delphi Connection Systems
C/O Baja Freight Fowarders Inc
8662 Siempre Viva Road
Attn: Receiving Department
San Diego CA 92154

ORDER	ORDERED	TO SHIP	CUST.#	PURCHASE ORDER	SLS	SHIP VIA	PAYMENT TERMS	FRT TERM
110457	9/12/05	9/13/05	550	P71795		MFH UPS GROUND	Net 30	COLLECT

LN#	QUANTITY	U/M	ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
				tracking numbers		
				1z2346930341230387		

1	30.00	MT	B04-075C-WEU-900-MIL			
			LOT NUMBER: AKMWV-1-5	30.00	3.34	100.20
			SUB TOTAL:			100.20
			PLEASE PAY THIS AMOUNT			100.20

United States Bankruptcy Court SOUTHERN District Of NEW YORK		PROOF OF CLAIM
Name of Debtor DELPHI CORPORATION, INC.		This Space For Court Use Only
Case Number 05-44481		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Optical Cable Corporation, Inc.		This Space For Court Use Only
Name and Address where notices should be sent: Optical Cable Corporation, Inc. 5290 Concourse Drive Roanoke, VA 24019		
Telephone Number: 540-800-7711		
Account or other number by which creditor identifies debtor: #550		Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated: _____ n/a
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <div style="margin-left: 400px;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (date) (date) </div> </div>		
2. Date debt was incurred: September 15, 2005		3. If court judgment, date obtained: n/a
4. Total Amount of Claim at Time Case Filed: \$ 4376.98 <div style="display: flex; justify-content: space-between; font-size: small;"> (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total) </div> <div style="display: flex; justify-content: space-between; font-size: small;"> 0 0 0 \$4376.98 </div> <p>* If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.</p> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <p style="font-size: x-small;">* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>
6. Unsecured Nonpriority Claim \$ 4376.98 <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		This Space For Court Use Only
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date: 11/16/05	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Andrius Praci - Credit manager	